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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) H0817.70001US00		
Application Number	10/535,508-Conf. #7230	Filed December 16, 2005		
For THERAPEUTIC DELIVERY OF CARBON MONOXIDE TO EXTRACORPOREAL AND ISOLATED ORGANS				
Art Unit	1616	Examiner A. Soroush		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$490	Small Entity Fee \$245	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3)) (less 2 months previously paid with Response filed 9/28/09)	Fee \$1110	Small Entity Fee \$555	\$ 310.00 _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1730	Small Entity Fee \$865	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2350	Small Entity Fee \$1175	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,533</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>                        </u>				
<u>/C. Hunter Baker/</u>		October 28, 2009		
<u>Signature</u>		Date		
<u>C. Hunter Baker, M.D., Ph.D.</u>		617.646.8000		
<u>Typed or printed name</u>		Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: October 28, 2009

Electronic Signature for Daniel S. Peters: /Daniel S. Peters/